

Cornerstone Youth Outreach Program Drop-in Center

The Cornerstone Community Center, 3 Prospect Street, Rockville CT
For youth in grades 6-12

Registration/Permission Form

NAME: _____ MALE ___ FEMALE ___

ADDRESS: _____ DATE OF BIRTH _____ AGE _____

Allergies or medical conditions:

NAME: _____ MALE ___ FEMALE ___

DATE OF BIRTH _____ AGE _____

Allergies or medical conditions:

NAME: _____ MALE ___ FEMALE ___

DATE OF BIRTH _____ AGE _____

Allergies or medical conditions:

*Staff is not certified to administer medication.

Permission Form

PARENT/GUARDIAN NAME: _____ PHONE # _____

Additional emergency contact information

NAME: _____ PHONE # _____

My child has permission to walk to and from the program Yes No

If you are picking up your child, it is your child's responsibility to wait for you to pick him/her up

My child has my permission to participate in all program activities. Those activities include park visits, Walking field trips, physical activities and workshops. I will not hold Cornerstone and/or the program staff responsible for injuries that may occur during program activities.

I give staff permission to have my child treated for any medical emergency that may occur during program hours.

I understand that my child is expected to follow the rules of the program. If my child disrespects staff and/or peers or his/her actions put others in danger or behavior leads to damage of building or its contents, staff may prohibit child from attending the program for a day or longer.

Parent/Guardian signature: _____ Date: _____

Drop-in center hours will be on Tuesdays/Thursdays from 5-8pm. Additional programming will be offered on Tuesdays, Wednesdays, and Fridays; schedule of activities will be posted weekly.